

SPECIAL EVENT PERMIT APPLICATION

APPLICATION MUST BE FILED THIRTY DAYS PRIOR TO EVENT. A \$50.00 FEE REQUIRED FOR PROFIT EVENT. APPLICATIONS ARE TO BE SUBMITTED TO THE CITY SECRETARY, P.O. BOX 26569, BENBROOK, TX 76126 OR jking@benbrook-tx.gov

1.	Name of Organization			
2.	Person Responsible			
3.				
4.	Telephone Number			
5.	E-Mail			
6.	Profit or Non-profit?			
7.	Estimated Gross Revenue			
8.	If non-profit, list agency benefited and amount of donation			
9.	If non-profit, list contact person and telephone number for agency benefited			
10.	Date and Hours of Event			
11.	Purpose of the Event			
12.	Location of Activity (attack			
	map or drawing)			
13.	Names and address of owner of property where event is to be held and a statemen			
	describing the terms and conditions of the agreement (attach to application)			
14.	Distance to nearest residential area			
15.	Distance to nearest commercial area			
16.	Distance to nearest Rest Home, Retirement Center, Hospital			
17.	Estimated number of participates			
18.	Participant Fee(s) for Event			
19.	Names and addresses of all employees of the promoter assisting in the event (attach to			
	application)			
20.	Insurance policy indemnifying the City from liability (attach to application)			

21.	Fac	cilities to be provided by organizer:
	a.	Restrooms (1 for every 50 persons)
	b.	Electrical hook-up (may require permit)
	c.	Water
	d.	Refrigeration
	e.	Number of vendor spaces and size
	f.	Emergency Medical Aid (attach description of
		preparations made to provide adequate medical care)
	g.	Security (number of security personnel and company providing
	h.	Health permit from Tarrant County Health Department (attach)
	i.	Music, if so what type (live or recorded)
	j.	Is amplification to be used? If yes, decibels
22.		affic control plan to assure conducted in orderly manner and that physical safety or rsons will be protected. Attach plan if necessary.
		is agreed that all City zoning ordinances, as well as any other city ordinances and gulations are to be fully complied with.
		Date
Signat	ure c	of Person Responsible
Addre	SS	
Teleph	one	Contact Numbers
email :	addr	ess